POLICY AND COMMUNICATIONS BULLETIN
THE CLINICAL CENTER

Medical Administrative Series

M80-4 (rev.) 29 October 1999

MANUAL TRANSMITTAL SHEET

SUBJECT: Suspected Adverse Drug Reaction Reporting

1. Explanation of Material Transmitted: This issuance reflects minor procedural changes. The policy was reviewed by the Medical Executive Committee on 19 October 1999 and approved with these and other changes.

2. Material Superseded: MAS No. M80-4 (rev.), dated 16 September 1997

3. Filing Instructions: Pharmacy Section

   Remove: No. M80-4 (rev.), dated 16 September 1997

   Insert: No. M80-4 (rev.), dated 29 October 1999

DISTRIBUTION

Physicians, Dentists and Other Practitioners Participating in Patient Care

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SUBJECT: Suspected Adverse Drug Reaction Reporting

PURPOSE

Adverse drug reaction reporting is an invaluable part of evaluating a drug's safety. Specifically, it is used to assess the frequency of certain side effects and keep the medical profession informed so that similar reactions can be avoided. This issuance presents guidelines for such reporting and directs the usage of a revised form to document the occurrence of adverse drug reactions.

DEFINITION

An adverse drug reaction is 1) any effect of a drug that is not intended or expected and that is severe enough to result in the discontinuation of the suspected medication; or 2) any side effect of an experimental drug.

TYPES OF REACTIONS TO REPORT

The report of a suspected reaction does not require that culpability of the suspected drug be completely established at the time of reporting. It is important to report all significant or unusual adverse drug reactions (even if already reported in the literature or the package insert) as well as unanticipated or novel events that are suspected to be drug related. The following types of reactions should be reported:

1. All side effects of drugs that are life-threatening or cause disability. (An extension of a pharmacological effect for which the drug is used, and which is dose related and produces significant disability to the patient, e.g., propranolol-induced congestive heart failure.)

2. Idiosyncrasies, which means an unusual adverse reaction where prior sensitization is unnecessary, the reaction is not dose related, and the reaction is probably genetically controlled (e.g., fine growth of hair on the tongue due to tetracycline).

3. Reactions resulting from drug interactions.

4. Hypersensitivity reaction manifested by wheezing, hypotension, urticaria, and angioedema.

5. Unexpected detrimental effect of a drug (a drug reaction not previously reported in the literature, e.g., mumps-like reaction to azathioprine).

6. Drug intolerance (lowered threshold to the normal pharmacologic reaction to the drug).

7. Any side effect of experimental drugs.

TYPES OF REACTIONS NOT TO REPORT

Certain types of drug reactions do not require reporting. These include:

1. Reactions that are extensions of the pharmacologic effect for which the drug is given (e.g., hypoglycemia after insulin or bone marrow depression with alkylating agents), unless some other factor makes the reaction significant, such as low dose or drug interactions.

2. Mild, trivial, or expected side effects, if these are well known. A trivial side effect is an unintended or unwanted pharmacologic effect of medication, often dose related, which is not serious enough to discontinue the drug or use an antidote (e.g., drowsiness from diphenhydramine or headache from nitroglycerine).

3. Disturbances totally dependent on the pathological state (e.g., diarrhea from cancer and not from a laxative).

REPORTING PROCEDURES

1. <u>Commercial Drugs:</u>

   The practitioner who first suspects that an adverse drug reaction has occurred is responsible for entering an Adverse Drug Reaction Report in the Clinical Center Occurrence Reporting System.

   The report is immediately printed in the Quality Assurance/Risk Management (QA/RM) Office. A copy of the report is immediately forwarded to the Pharmacy Department.

   The Pharmacy Department will review all suspected adverse drug reaction reports. The suspected reaction will be presented to the Pharmacy and Therapeutics Committee for review before being reported to the QA/RM Office. For reactions which are designated as reportable by the P&T Committee, the Suspected Adverse

Reaction Report (NIH-1240) will be forwarded to the FDA after removal of any patient identifiers.

The patient's primary physician will be notified of the adverse drug reaction.

The original copy of the completed NIH-1240 will be made a part of the patient's permanent record.

2. Investigational Drugs:

The practitioner who first suspects an adverse drug reaction involving an investigational drug is responsible for informing the investigator. Although the CC Occurrence Reporting System could be used for this notification, it is generally more expedient to contact the investigator directly. The investigator will notify the IND sponsor (if other than the investigator), the FDA (if the investigator is also the sponsor), the QA/RM Coordinator, and the Pharmacy Department.

All adverse reactions are to be reviewed by the Institute's Institutional Review board (IRB) that last approved the project. If, in the opinion of the IRB, the effects or information are of sufficient importance, the protocol may be terminated, or an amendment prepared for review requesting: a) continued approval, or b) approval of amended procedure(s) or subject populations.

The IND sponsor shall report the adverse drug reaction to the FDA in accordance with current FDA regulations.